

1A1M



مسلم طيب
1A1M

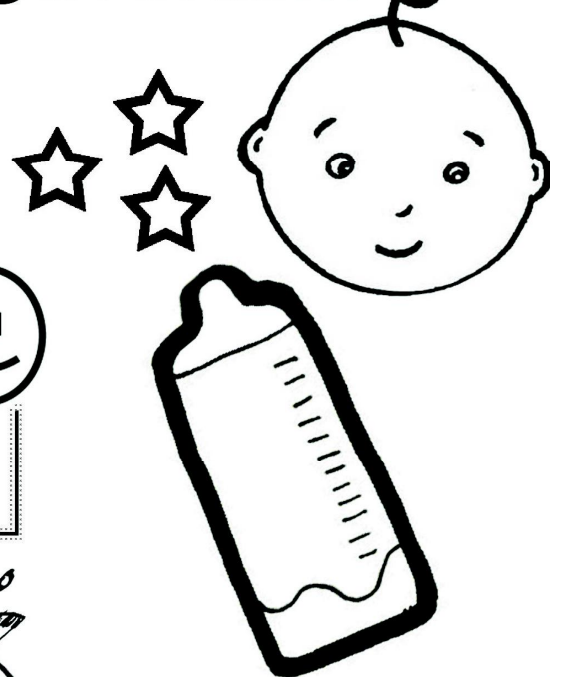
GG, Pediatrics In Common

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دایما دذکون معاك

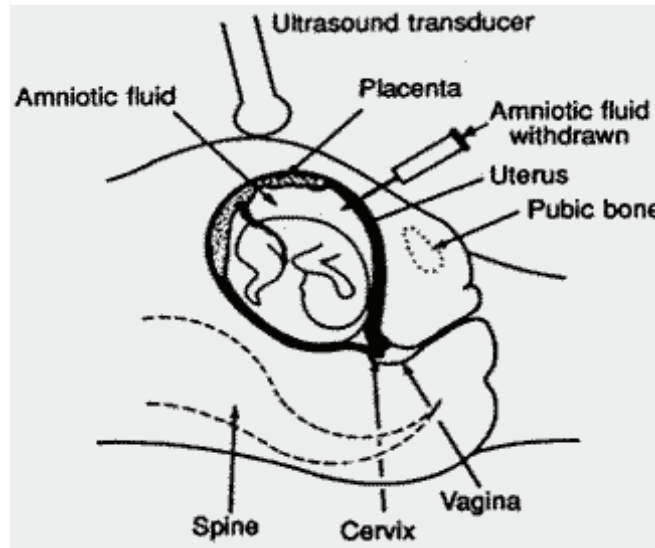


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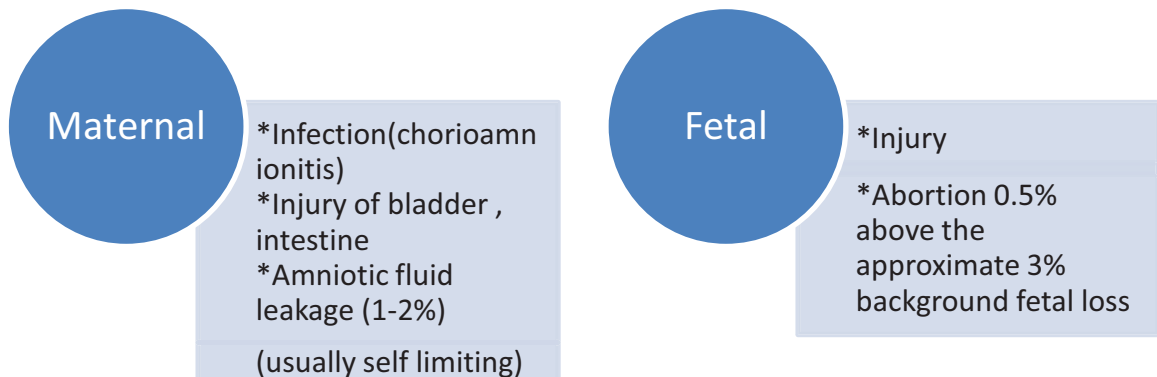


TECHNIQUES OF PRENATAL DIAGNOSIS

1. **Amniocentesis: tapping of the Amniotic Fluid** (fluid which surrounds the baby)



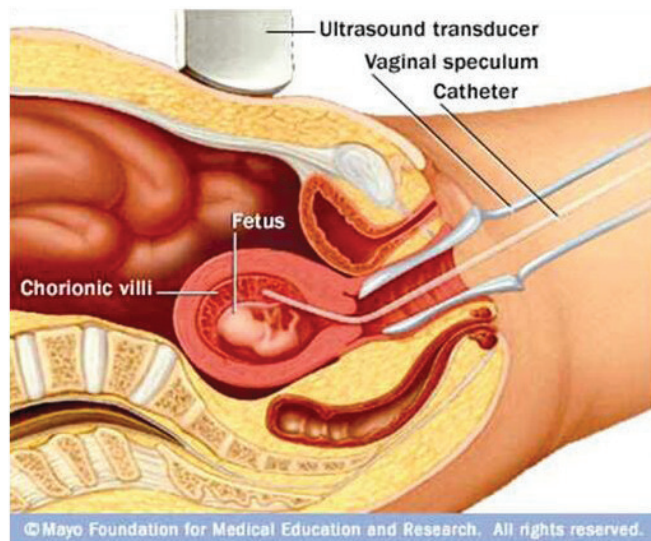
- ❖ **Definition:** Tapping of small amount of amniotic fluid under U/S guidance (10 ml) for diagnostic or therapeutic purposes
- ❖ **Indications:**
 - ✂ A. **Fluid:** measurement of bilirubin in RH isoimmunization or lecithin/sphingomyelin ratio to detect fetal maturity if > 2
 - ✂ B. **Cells (aminocytes):** for karyotyping, inborn errors of metabolism, Fetal sex
- ❖ **Timing :** 15 to 17 weeks
- ❖ **Complications:**



2. Chorionic Villus Sampling:

- ❖ **Timing:** can be done earlier in 1st trimester , so if abortion is decided , it will be more accepted ethically and psychologically
- ❖ **Definition:** Aspiration of some chorionic villi & same tests can be applied as amniocentesis on the cells of chorionic villi
- ❖ **Disadvantage:** it can't be used for tests that require amniotic fluid as alpha fetoprotein levels for open neural tube defects
- ❖ **Complications:** Same as amniocentesis specifically :
 1. limb reduction defects
 2. oro mandibular limb hypogenesis (risk is 1/several thousands

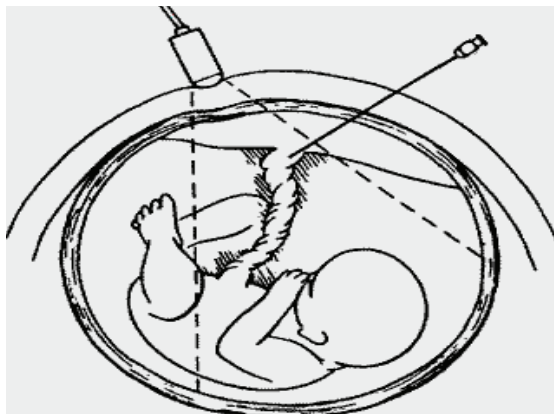
Of Procedures)



3. Fetal Blood Sampling: Through percutaneous umbilical blood sampling (funipuncture)

Indications: for rapid chromosomal analysis

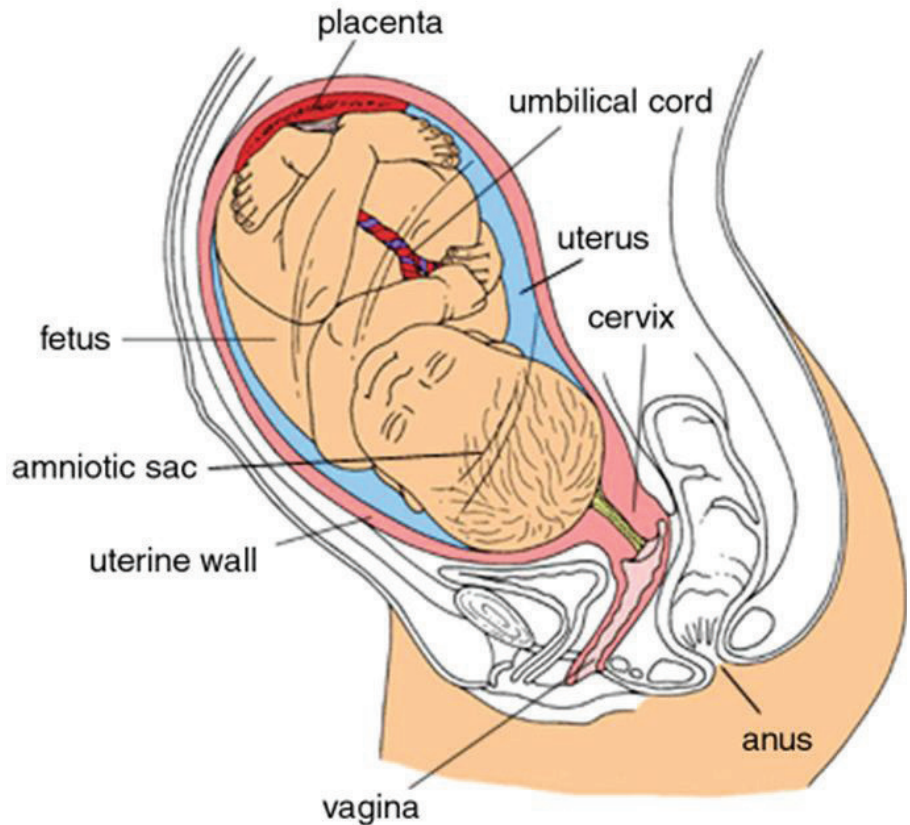
Complications: as amniocentesis, fetal loss is 1%



4. **Fetal Skin Sampling:** as in hereditary skin lesions

5. **U/S:** 4 dimensional U/S for detection of any abnormality & detection of uterine, placental & fetal abnormalities

Fetus in Utero



يقولون :
أنا فاطر .. مش حايم
والله تعالى يقول :
الْحَمْدُ لِلَّهِ فَاطِرِ السَّمَاوَاتِ وَالْأَرْضِ
(فاطر : ١)
والصحيح أن يقول أنا مفطر ..
لأن الله تعالى هو فاطر السماوات والأرض
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The Newborn

Classifications:

i. Gestational age:

Preterm	Term	
Postterm		
	37 th w	42 nd
W		

ii. Birth weight:

Impossibly LBW	Extremely LBW	VLBW	LBW	Normal BW	Large (macrosomia)
2.5 Kg	750g		1Kg	1.5Kg	
	4 Kg				

iii. Size for Gestational Age:

a. Small for

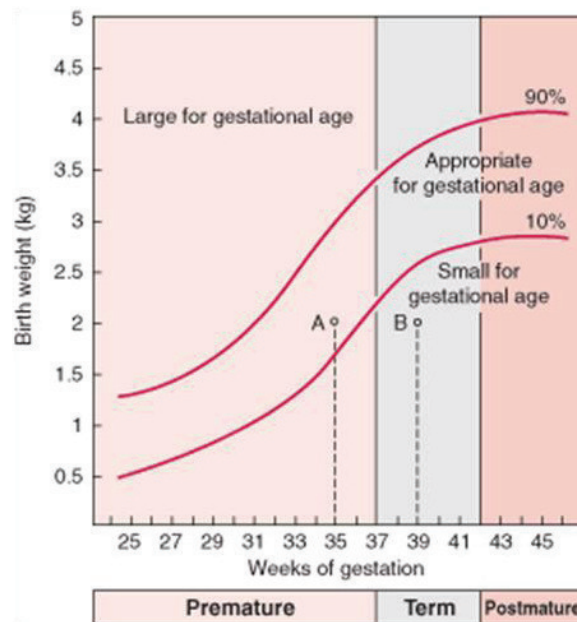
b.

c. gestational age: birth weight < 10th percentile for age

d. Appropriate for gestational age: 10th to 90th percentile

e. Large for gestational age = birth weight >90th percentile for age





Assesment of gestational age

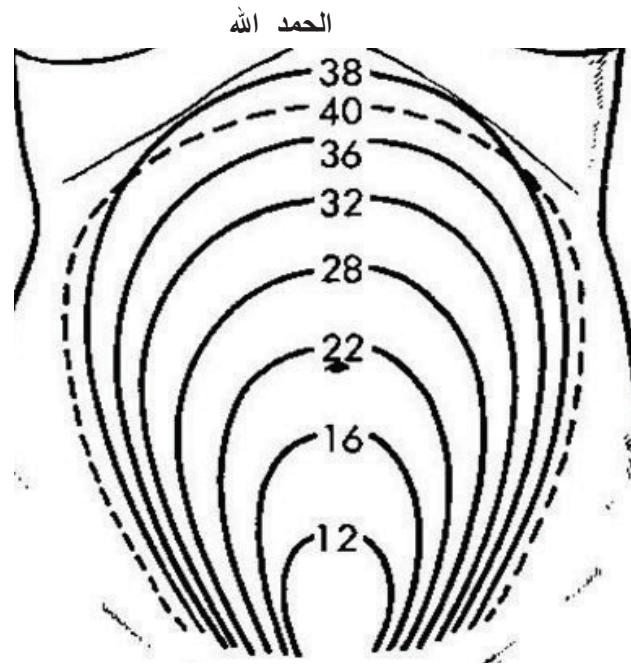
1. Antenatal (obstetric calculations):

a. History:

- ✎ 1st day of last menstrual period (أول يوم في آخر دورة)
- ✎ Quickening (أول لعبه الام تحس بها): (16-18 wks in multipara, 18-20 wks in Primigravda)

b. Examination:

- ❖ Auscultation of 1st fetal heart sounds:
 - ✎ sonicaid at 10th week
 - ✎ pinard stethoscope at 20 weeks
- ❖ Fundal level
 - At symphysis pubis: 12 weeks
 - Umbilicus: 24 weeks
 - Xiphisternum: 36 weeks
 - Then descends at 40 weeks due to descent of fetal head in the pelvis (engagement)



2. Post natal: راجع الأطفال Rapid delivery room assessment, accurate:
Ballard score, Dubowitz score










يقولون :

السلف تلقى **والرد خسارة**

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والرسول صلى الله عليه وسلم قال :

من أخذ أموال الناس يريد اتلافها أتلفه الله	والله في عون العبد ما كان العبد في عون أخيه
رواه ابن ماجه وصححه الألباني	رواه الترمذي وصححه الألباني

Points	0	1	2
Posture			
Angle forearm to arm	 100°-180°	 90°-100°	 < 90°
Pulling an elbow to the body			
Lanugo	Thinning	single bald areas	mostly bald
Plantar creases	Only on anterior sole	on anterior 2/3 sole	cover entire sole
Breast	stippled areola bud < 3 mm	raised areola bud 3-4 mm	full areola bud > 4mm

يقولون :
الحمد لله الذي لا يحد على مكروهه سواء
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والرسول صلى الله عليه وسلم
كان يدعو ويقول :
والخير كله بيديك
والشر ليس إليك
 رواه مسلم

CONGENITAL ADRENAL HYPERPLASIA

Causes:

- ✎ Deficient 21 hydroxylase (90%)
- ✎ Deficient 11 beta hydroxylase

Effects:

- ❖ Deficiency of corticosteroid → loss of negative feedback on pituitary → ACTH → adrenal hyperplasia → Increase 17 alpha hydroxyprogesterone & androgens

Types:

- ✎ Juvenile type:
 - Salt losing shock
 - Ambiguous genitalia at birth
- ✎ Adult type: Normal child + amenorrhea & virilization after puberty

Investigations:

- ❖ ↑ 7-9 am 17 alpha OH Progesterone
- ❖ ↑ Androgens (dehydroepiandrosterone, dehydroepiandrosterone sulphate)
- ❖ ↓ Cortisol

Treatment:

- ❖ Cortisol for life
- ❖ Surgical correction of external genitalia during 1st 2 years of life

إفراغك من دلوك في دلو أخيك صدقة ، وأمرك بالمعروف ونهيك عن المنكر صدقة ، وتبسمكم في وجه أخيك صدقة ، وإماطتك الحجر والشوك والعظم عن طريق الناس لك صدقة ، وهدايتك الرجل في أرض الضالة صدقة
الراوي: أبو ذر الغفاري المحدث: الألباني - المصدر: صحيح الأدب المفرد - الصفحة أو الرقم: 684
خلاصة الدرجة: صحيح

Management of Ambiguous Genitalia (سؤال الأزهر الدور الى فات)

History:

- Family history of similar conditions as congenital adrenal hyperplasia
- Maternal exposure to androgens

Examination:

- ❖ Inspection:
 - ✓ Site of urethra
 - ✓ Fusion of labia
- ❖ Palpation:
 - ✓ Gonads (in the scrotum or inguinal region)
 - ✓ Measurement of the stretched phallus (from symphysis pubis to the tip)
 - o Normal clitoris <1cm
 - o Normal penis 2.8 to 4.2cm

Investigations:

1. Karyotyping & chromosomal study
2. Hormonal profile:
 - ❖ Estrogen , testosterone, dehydroepiandrosterone sulfate,
 - ❖ 17 alpha OH progesterone, cortisol
3. U/S, Laparoscopy
4. CT, MRI on adrenal for congenital adrenal hyperplasia or tumors

Treatment: specific treatment for specific condition

اتقوا النار ثم أعرض وأشاح ثم قال : اتقوا النار ثم أعرض وأشاح ثلاثا حتى ظننا أنه ينظر إليها . ثم قال : اتقوا النار ولو
بشق تمرّة ، فمن لم يجد فبكلمة طيبة
الراوي: عدي بن حاتم الطائي المحدث: البخاري - المصدر: الجامع الصحيح - الصفحة أو الرقم: 6540
خلاصة الدرجة: [صحيح]

Don't miss Part II:

- 👉 Periods of human life
- 👉 prematurity
- 👉 Infant of diabetic mother
- 👉 Puberty
- 👉 Development of the genitalia & gonads

